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Bib Data Sheet

CONFIRMATION NO. 4418

SERIAL NUMBER 10/695,194	FILING DATE 10/28/2003  RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. A36054-PCT-USA-A 072874.0
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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of PCT/EP02/10063 09/03/2002 *HS*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 01 21459.2 09/05/2001 *HS*  
UNITED KINGDOM 02 25245.0 10/30/2002  
UNITED KINGDOM 03 06290.8 03/19/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 03/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 48	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 17
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

Diagnostic method for transmissible spongiform encephalopathies

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)